

REVIEW OF SYSTEMS:

GENERAL, CONSTITUTIONAL

Recent weight loss.....[No][Yes]
Fever.....[No][Yes]
Chills.....[No][Yes]

EYES, VISION

Visual Changes.....[No][Yes]

EARS, NOSE, THROAT

Hearing loss.....[No][Yes]

HEART, CARDIOVASCULAR

Chest pain or pressure.....[No][Yes]
Arrhythmia or palpitations.....[No][Yes]
Shortness of breath.....[No][Yes]
Peripheral edema.....[No][Yes]
Blood clots.....[No][Yes]
Varicose Veins.....[No][Yes]
Cramping in thighs.....[No][Yes]

RESPIRATORY

Cough.....[No][Yes]
Shortness of breath.....[No][Yes]
Wheezing.....[No][Yes]

GASTROINTESTINAL

Abdominal pain.....[No][Yes]
Heartburn.....[No][Yes]
Bloody stool.....[No][Yes]

GENITOURINARY

Frequent urination.....[No][Yes]
Urgency.....[No][Yes]

MUSCULOSKELETAL

Joint pain or swelling.....[No][Yes]
Restricted motion.....[No][Yes]
Musculoskeletal pain.....[No][Yes]

SKIN & INTEGUMENTARY

Rashes.....[No][Yes]
Sores.....[No][Yes]
Blisters.....[No][Yes]
Growths.....[No][Yes]

NEUROLOGICAL

Numbness or tingling sensations.....[No][Yes]
Sensation loss.....[No][Yes]
Burning[No][Yes]

PSYCHIATRIC

Nervousness, anxiety.....[No][Yes]
Depression.....[No][Yes]

ENDOCRINE

Heat or cold intolerance.....[No][Yes]
Excessive thirst.....[No][Yes]

HEMATOLOGIC/LYMPHATIC

Abnormal bleeding.....[No][Yes]
Bleeding.....[No][Yes]

ALL/IMMUN:

Allergic reaction.....[No][Yes]
Recurrent infections.....[No][Yes]